

CERTIFICATE OF SUCCESSFUL COMPLETION OF GUARD TRAINING

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[Statutory Authority: T.C.A. §62-35-118 Administrative Rule 0780-5-2-.15]



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE
DIVISION OF REGULATORY BOARDS
PRIVATE PROTECTIVE SERVICES
500 JAMES ROBERTSON PARKWAY, 2ND FLOOR
NASHVILLE, TENNESSEE 37243-1158
PHONE (615) 741-6382 FAX (615)-532-2965

Applicant's Last Name First Name Middle Initial Social Security Number

Applicant for: ☐ UNARMED GUARD REGISTRATION ☐ ARMED GUARD REGISTRATION

I hereby certify that the referenced applicant who has submitted an application to the State of Tennessee has successfully completed training in the following required area(s). I also certify that the training was personally administered by myself or my State acknowledged assistant _____, under my supervision.

CLASSROOM TRAINING:

☐ Four (4) hours of general training, as prescribed by T.C.A. 62-35-118, and successful completion of a written examination.

Trainer's Last Name First Name Middle Initial

Facility Name Day-time Phone Number

Street Address

City State Zip E-mail address

☐ The referenced applicant did not complete the classroom training and is submitting the attached documentation as proof of prior training.

Training Completion Date

Examination Score

Signature of Certified Trainer Day-time Phone Number

Trainer Certification Number & Expiration Date

CLASSROOM TRAINING:

☐ Eight (8) hours of classroom training in the use of firearms, as prescribed by T.C.A. 62-35-118(b)(1), and successful completion of a written examination.

Trainer's Last Name First Name Middle Initial

Facility Name Day-time Phone Number

Street Address

City State Zip E-mail address

Weapon Make Model Caliber

Training Completion Date Examination Score

☐ The referenced applicant did not complete the classroom training and is submitting the attached documentation as proof of prior training.

Signature of Certified Trainer Day-time Phone Number

Trainer Certification Number & Expiration Date

NOTE:
If this individual uses multiple weapons he/she **MUST** complete this eight (8) hour block in the use of each weapon, and a completed training form must be submitted for each weapon.

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Applicant's Last Name First Name Middle Initial Social Security Number

MARKSMANSHIP TRAINING:

☐ Four (4) hours of marksmanship training in the use of firearms, as prescribed by T.C.A. 62-35-118(b)(2).

Trainer's Last Name First Name Middle Initial

Facility Name Day-time Phone Number

Street Address

City State Zip E-mail address

Weapon Make Model Caliber

Training Completion Date Marksmanship Percentage Score [Required]

☐ The referenced applicant did not complete the marksmanship training and is submitting the attached documentation as proof of prior training.

NOTE:
If this individual uses multiple weapons he/she **MUST** complete this four (4) hour block in the use of each weapon, and a completed training form must be submitted for each weapon.

Signature of Certified Trainer Day-time Phone Number Trainer Certification Number & Expiration Date

ARMED RENEWAL TRAINING: [Complete additional form(s) for multiple weapons, or change of weapon]

Armed Guard Last Name First Name Middle Initial Registration # Social Security Number

I hereby certify that the referenced armed guard has received the required four (4) hour classroom training as prescribed by T.C.A. 62-35-122(d)(1)(2), and has returned to the firing range to re-qualify in the use of this firearm:

Weapon Make Model Caliber

CLASSROOM RENEWAL TRAINING:

FIRING RANGE RENEWAL TRAINING:

Trainer's Last Name First Name Middle Initial

Trainer's Last Name First Name Middle Initial

Facility Name

Facility Name

Street Address

Street Address

City State Zip

City State Zip

Training Completion Date Examination Score

Training Completion Date - Marksmanship Percentage Score

Trainer Signature Day-time Phone Number

Trainer Signature Day-time Phone Number

Trainer State Certification Number Expiration Date

Trainer State Certification Number Expiration Date

As a State Certified Trainer, you are obligated to inform this office of ANY reason that, in your opinion, the referenced applicant should not be registered or renewed as an ARMED or UNARMED Guard. Please use this space below for comments, observations, evaluations, physical disabilities and/or recommendations you may have.